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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	a: 148200002		CITY (	OR TOWN	WILMING	iTON
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS	A ALEPPO TEMPI					
ADDRESS 99 FORE						
CITY/TOWN: WIL	MINGTON	STATE: MA	ZIF	CODE:	01887	
MANAGER: STO	NE, PETER K TYI	PE OF LICENSE: C1	ub	С	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF 1		EBSITE AND ENTER YOUR F	MAIL ADDR	ESS		
FIRST FLOOR: MA SECOND FLOOR: M OFFICES, LAVATO	IN FUNCTION HAI MEETING HALL, C	LL, STORAGE ROC				
2. the license	ed license will be of ee has complied with	the same type for the all laws of the Combusiness (If not exp.	monweal	th relating t		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Off	icer		
DATE:	TELEPHON	IE NUMBER:	(N			ΓΙΟΝ NUMBER: Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	by the building in	spector and the hea	d of the	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCA By:	AL LICENS	SING AUTH	ORITY
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED BY L	ICENSEES DURING THE M	MONTH OF	NOVEMBER (N	1.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 148200003		CITY OR TOWN	WILMING	TON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	
LICENSEE NAME: DOING BUSINESS ADDRESS 144 LOW	A 99 RESTAURAN	CLASS T-PUB			YEAR
CITY/TOWN: WIL		STATE: MA	ZIP CODE:	01887	
	OONALD, TYP	E OF LICENSE: Res			All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
DESCRIPTION OF I FIRST FLOOR CON SECOND FLOOR C STORAGE ROOM;	ISISTING OF 5,400 S ONSISTING OF API	SQ. FT. USED FOR			
I hereby certify and s	wear under penalties	of perjury that:			
	ed license will be of the		=		
	ee has complied with		•	o taxes; and	
3. the premis	ses are now open for b	ousiness (II not expir	iin below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are i l by the building ins certificate of liquor l	pector and the head	of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHO	ORITY



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 148200004		CITY OR TO	OWN	WILMING	TON
APPLICATION FOR	R RENEWAL:	Annual	L	ICENS	ED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 217 LOV	VELL ST.					
CITY/TOWN: WIL	MINGTON	STATE: MA	ZIP COI	DE:	01887	
MANAGER: HUI,	VICTOR TY	YPE OF LICENSE: R	estaurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
ONE FLOOR CONS KITCHEN & STOR REST ROOMS IN A	ISTING OF 3,582 AGE, 990 SQ. FT.,					
2. the license	ee has complied wi	of the same type for the thall laws of the Conor business (If not exp	nmonwealth rela			
SIGNED BY:	Individual, Partne	er or Authorized Cor	porate Officer			
DATE:	TELEPHO	NE NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signed	d by the building i	re in possession (1) t nspector and the he r liability insurance	ad of the fire d	epartn	ent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	uin)		LOCAL LI By:	CENSI	NG AUTHO	ORITY
DATE:						
APPLICATION FOR RENEW	VAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEM	IBER (M.	G.L. Ch. 138 \$ 16	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 148200005		CITY OR TOWN	WILMING	TON
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	NSED FOR 20	013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 193 MAI	A ROCCO'S REST.				TEAR
CITY/TOWN: WIL	MINGTON	STATE: MA	ZIP CODE:	01887	
	ASQUALE, TYP CO V. JR.	E OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS				EOD A CE
	ITAINS RESTAURA ONTAINS APARTM				
2. the license	ed license will be of the ee has complied with sees are now open for Individual, Partner	all laws of the Corbusiness (If not ex	nmonwealth relating plain below)		
DATE:	TELEPHON	E NUMBER:			TION NUMBER: Security Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the he	ad of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 148200007		CI	TY OR TOV	VN WILMING	GTON
APPLICATION FOR	R RENEWAL:	Annu	al	LIC	ENSED FOR 2	2013
		CLAS	SS			YEAR
LICENSEE NAME:	4982 BUILD	ING ASSOCIATIO	N INC.			
DOING BUSINESS	A WILMING	TON KNIGHTS OF	COLUM	BUS		
ADDRESS 112 Mide	dlesex Ave					
CITY/TOWN: WIL	MINGTON	STATE:	MA	ZIP CODE	: 01887	
MANAGER: Listo	n, William	TYPE OF LICEN	SE:Club		CATEGORY	: All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF 1	LICENSED PR	REMISES:				
FIRST FLOOR: FUN BOILER ROOM, ST 3,000 SQ. FT. TWO	ORAGE ROO	M, RECORDER'S F	ROOM. SE	ECOND FLO	OR: FUNCTIO	
I hereby certify and s	wear under per	nalties of perjury tha	t:			
1. the renew	ed license will	be of the same type	for the sar	ne premises r	now licensed;	
	1	d with all laws of the			ng to taxes; and	
3. the premis	ses are now ope	en for business (If no	ot explain	below)		
SIGNED BY:	Individual, P	artner or Authorized	l Corporat	e Officer		
DATE:	TELEF	PHONE NUMBER:			YER IDENTIFICA	
				(Note: NOT	Individual Social	Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the buildi	ng inspector and th	ne head of	the fire dep	artment for th	e above named
Please Check Below:			]	LOCAL LICI	ENSING AUTH	IORITY
APPROVED:			]	Ву:		
DISAPPROVED: [ (If disapproved explain	nin)					
(II disappioved expla	uii <i>)</i>					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	18200009	•	CITY OR TOWN WILMIN	GION
APPLICATION FOR RI	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 35 LOWELI	COLONIAL PARK I	LIQUORS		
CITY/TOWN: WILMI	NGTON	STATE: MA	ZIP CODE: 01887	
MANAGER: PATEL,	NIMISHA PTYPE (	OF LICENSE: Pack	tage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:  PLEA  DESCRIPTION OF LIC	SE ALSO VISIT OUR WEBSI ENSED PREMISES		AIL ADDRESS	
2. the licensee h 3. the premises a	icense will be of the last complied with all are now open for bus	same type for the s laws of the Commo siness (If not explai		I
Ir	idividual, Partner or	Authorized Corpor	ate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOTE) Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTH By:	HORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148200010		CITY OR TOWN WILMING	JION
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: 211 LOWELD DOING BUSINESS A EASTGATI			
ADDRESS 211 LOWELL ST			
CITY/TOWN: WILMINGTON	STATE: MA		
MANAGER: Walls, Daniel J	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	All Alcohol
	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PR RETAIL LIQUOR - 48' X 120' RET		ACK ROOM	
	be of the same type for the l with all laws of the Com	e same premises now licensed; amonwealth relating to taxes; and lain below)	
SIGNED BY: Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:		-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 148200011		CITY OR TOWN	WILMING	ΓΟΝ
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		,	YEAR
LICENSEE NAME: MYSTIC LIQUORS, IN	C.			
DOING BUSINESS A WILIMINGTON PLAZ	ZA WINE & SI	PIRITS		
ADDRESS 258 MAIN STREET				
CITY/TOWN: WILMINGTON S	TATE: MA	ZIP CODE:	01887	
MANAGER: MACIEJEWSKI, TYPE OF STEVEN	LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
5066 SQ. FT. STORE AT 188 MAIN ST., WII 966 SQ. FT. STORAGE AREA.	LMINGTON PI	LAZA, 4,100 SQ. FT	C. SELLING A	AREA,
<ol> <li>the renewed license will be of the sa</li> <li>the licensee has complied with all la</li> <li>the premises are now open for busin</li> </ol>	ws of the Comr	nonwealth relating to		
SIGNED BY: Individual, Partner or Au	nthorized Corpo	orate Officer		
DATE: TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHC	RITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	48200012		CI	TY OR TOWN	WILMING	TON
APPLICATION FOR R	RENEWAL:	Annua	1	LICEN	ISED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: S	HOP RITE LIQU	ORS,INC.				
DOING BUSINESS A	ELIA'S COUNTE	RY STORE				
ADDRESS 381 MIDDI	LESEX AVE					
CITY/TOWN: WILM	INGTON	STATE:	MA	ZIP CODE:	01887	
MANAGER: ELIA, N	MICHAEL J TYI	PE OF LICENS	E:Packag	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLF	CASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	SES:				
SINGLE STORY RETADISPLAY AREA, WA						VTAIN A
I hereby certify and swe						
1. the renewed	license will be of	the same type for	or the san	ne premises nov	v licensed;	
2. the licensee	has complied with	all laws of the	Common	wealth relating	to taxes; and	
3. the premises	are now open for	business (If not	explain l	pelow)		
SIGNED BY:						
I	ndividual, Partner	or Authorized	Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
Please Check Below: APPROVED:				LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:			E	By:		
(If disapproved explain	)					
· · · · · · · · · · · · · · · · · · ·	•					
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 148200014		CITY OR TOWN W	ILMINGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N	AME: MICHAEL'S	PLACE, INC.		
DOING BUSI	NESS A			
ADDRESS 11	0 LOWELL STREET			
CITY/TOWN:	: WILMINGTON	STATE: MA	ZIP CODE: 0	1887
MANAGER:	MCCOY, MICHAEL V.	TYPE OF LICENSE: Res	staurant CATE	GGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
3,300SQ.FT. ENTRANCES	KITCHEN ARE 1097 S AT FRONT AND RI	ICK VENEER BUILDING SW. FT. DINING AREA GHT SIDE OF BUILDIN STS OF KITCHEN, STOP	A 1,457 SQ.FT . CUSTO G. DELIVERIES ARE	OMER
I hereby certify	y and swear under pen	alties of perjury that:		
		be of the same type for the	-	
	•	with all laws of the Comr	<u> </u>	xes; and
3. the	premises are now ope	n for business (If not expla	ain below)	
SIGNED BY:		artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		ENTIFICATION NUMBER: all Social Security Number)
Acts of 2004,	signed by the buildir	e are in possession (1) the ng inspector and the head quor liability insurance r	l of the fire departmen	t for the above named
Please Check Bel			LOCAL LICENSING	3 AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 disappiove	a expiairi)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 148200016		CITY OR TOWN WILL	AINGTON
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	ME: FOCACCIA, INC.			
DOING BUSINE	ESS A FOCACCIA REST	ΓAURANT		
ADDRESS 2 LO	WELL STREET ROUTE	E 129		
CITY/TOWN:	WILMINGTON	STATE: MA	ZIP CODE: 0188	7
	DEPESA, ROBERT TYP 1.	E OF LICENSE: Re	staurant CATEGO	DRY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	ES:		
			CE, REST ROOMS KITCI RONT AND FOUR EXITS	
I hereby certify a	nd swear under penalties	of perjury that:		
1. the real	newed license will be of to	he same type for the	same premises now license	d;
2. the lic	ensee has complied with	all laws of the Com	nonwealth relating to taxes;	and
3. the pr	emises are now open for b	ousiness (If not expl	ain below)	
SIGNED BY:	Individual Douteau	on Authorized Com	oroto Officer	
	individual, Partner	or Authorized Corpo	orate Officer	
DATE:			EMBLOWED IDENTE	TEICATION NUMBER
DATE.	TELEPHONI	E NUMBER:	(Note: NOT Individual S	IFICATION NUMBER:
				,
Acts of 2004, sig	gned by the building ins	pector and the head	e certificate required by C l of the fire department fo equired by Chapter 116 o	r the above named
Please Check Below:	<u>-</u>	•	LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED	<b>:</b>		·	
(If disapproved e	xplain)			
DATE				
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 148200017		CITY OR TOWN WILM	INGTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSI	AME: ROBERT P. NESS A MAIN STR			
	5 MAIN STREET			_
CITY/TOWN:	WILMINGTON	STATE: MA		<b>,</b>
MANAGER:	McCANN JR., ROBERT P.	TYPE OF LICENSE:Pa	ackage Store CATEGO	RY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PF	REMISES:		
2. the	licensee has complie premises are now open	· -		
DATE				
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Beld APPROVED:			LOCAL LICENSING AU	THORITY
DISAPPROVE (If disapproved				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14	8200019	CITY OR TOWN WILMINGTON				
APPLICATION FOR RE		Annual LICENSED FOR 2013 CLASS YEAR				
LICENSEE NAME: A DOING BUSINESS A ADDRESS 225 Main Str	GOLDEN GINGER	RESTAURA	NT			
CITY/TOWN: WILMII	NGTON	STATE: N	MA ZII	P CODE:	01887	
MANAGER: YANG,Y	TYPE	OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEA  DESCRIPTION OF LIC	SE ALSO VISIT OUR WEBS ENSED PREMISE,		DUR EMAIL ADDR	ESS		
GROUND FLOOR PRE SHOPPING PLAZA.PRI ROOM.ENTRANCE IN	EMISES CONTAIN	NONE KITCI	HEN AND C	NE DININ	G	
2. the licensee h	icense will be of the as complied with al are now open for bu	same type for laws of the C	Commonweal	th relating to		
SIGNED BY:	dividual, Partner or	Authorized C	Corporate Off	icer		
DATE:	TELEPHONE 1	NUMBER:	1)	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
We the undersigned, at Acts of 2004, signed by license and (2) the cert	the building inspe	ector and the	head of the	fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC. By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 148200020		CITY OR TOWN WILMINGTON			
APPLICATION FO	R RENEWAL:	Annual	LICE	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME:	: PEPPER DINING	INC				
DOING BUSINESS	S A CHILI'S GRILL	& BAR				
ADDRESS 207 MA	IN STREET					
CITY/TOWN: WI	LMINGTON	STATE: MA	ZIP CODE:	01887		
MANAGER: LIZO J.	OTTE, TRAVIS TY	PE OF LICENSE:Re	estaurant (	CATEGORY:	All Alcohol	
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR F	MAIL ADDRESS			
	LICENSED PREMI					
	E STANDING BUIL					
• •	swear under penaltie					
	wed license will be of	* *	•			
	see has complied with		•	to taxes; and		
3. the prem	ises are now open for	r business (If not exp.	lain below)			
SIGNED BY:	Individual Danta	r or Authorized Corp	amata Officer			
	marviduai, Partile	r or Aumorized Corp	orate Officer			
DATE.						
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)			
			(1000. <u>1401</u> II	ndividuai Sociai S	security Number)	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the hea	d of the fire depar	tment for the	above named	
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aın)					
DATE:						
DAIE.						